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CONFIRMATION NO. 1121

Bib Data Sheet

<b>SERIAL NUMBER</b> 11/018,836	<b>FILING OR 371(c) DATE</b> 12/21/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> BSC-072C2
<b>APPLICANTS</b> Charles D. Lennox, Hudson, NH; Ronald B. Lamport, Pelham, NH; Andrew H. Levine, Newton Center, MA; Douglas E. Godshall, Franklin, MA; Aaron Perlmutter, New York, NY; Steven Nordstrom, Franklin, MA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/260,483 09/30/2002 PAT 6,835,183 which is a CON of 09/313,563 05/14/1999 PAT 6,494,879 which claims benefit of 60/104,390 10/15/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/07/2005</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 21874				
<b>TITLE</b> Treating urinary retention				
<b>FILING FEE RECEIVED</b> 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	